

ACLS/ PALS

Changes & Updates

Presented by

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rbroussard@usuhs.mil
mtnpals@usuhs.mil

Topics To Be Covered

- Post Course Reports
- Annual Reports/ Re-Affiliation Packages
- Program Director Nomination
- TSF Appointment
- Program Administrator Nomination
- CME Issuance

Topics To Be Covered

cont.

- Instructor Folders
- ACLS Online Class
- PEARS Program

Post Course Reports

- Due within 30 days of course completion date.
- If not received on time, CME letters will **NOT** be issued.
- PCRs must be on current MTN Forms.

Post Course Reports

- PCR Cover Page
- Instructor Renewal (as needed)
- Grade Report
- Agenda
- “Summary” Evaluation

Post Course Reports

Commonly missed items:

- Signatures
- Dates on instructor renewal roster
- Grade Report has blanks
- Hand Written vs Typed
- PCR cover sheet numbers

POST COURSE REPORT

POST COURSE REPORT
(Complete one PCR for each course)

Date: 3/16/08

Type of course conducted ACLS – PROVIDER Training Site Name 325 TH AES
Complete Course Location BLDG 3450, PERIMETER RD

Date Started	Date Completed	# Enrolled	# Enrollees Retrained (those who completed course at least once in their past)	# cards issued	Provider / Instructor	# of instructor reregistered
3/15/08	3/16/08	6	2	6 / 0		0

Lead Instructor's Information

(Full Name, Rank, Corps) Joseph Smith
(Duty Phone No.) Comm 618-357-1518 DSN 304-1518
(Duty Email Address) joseph.smith@us.af.mil

Infection Control Guidelines were adhered to during course and equipment was cleaned IAW Manufacturers instructions at the completion of the course: Joseph Smith
Signature and Title

Program Administrator Information

(Full Name, Rank, Corps) Julie Cunningham
(Duty Phone No.) Comm 618-357-1518 DSN 314-1518
(Duty Email Address) julie.cunningham@us.af.mil

I certify this course has been conducted under the standards and procedures established by the American Heart Association and the Military Training Network.

Mary Walker
Program Director Signature Julie Cunningham
Program Administrator Signature

MILITARY TRAINING NETWORK INSTRUCTOR LIST

Instructor's Full Name (Last, First, MI) Rank, Branch of Service, Corps	Professional Licensure (MD, DO, CRNA, RN, EMT, etc.)	AHA Instructor Card Exp Date	PD, TSF, or Inst	**Renewing Instructor (yes/no)
Joseph Smith, Col, MD	NREMT-B	03/10	TSF	Y
Last Entry	Last Entry	Last Entry	Last Entry	Last Entry

At the end of all lists please make the final entry "last entry"

GRADE REPORT FOR PALS PROVIDER COURSE
COURSE DATE 3/16/08

(Annotate with completed (C), with remediation (R), Instructor-Potential (IP), or unsuccessful (U) under appropriate column).

CME*	Name (Last, First, MI) Rank, Branch of Service, Corps	Professional Licensure (MD, DO, CRNA, RN, EMT, etc.)	BLS CARD EXP DATE	Core Test 1	Core Test 2	Written Exam (>84%)(†)	CPR-D Skills	First Time Student (Y or N)	Performance Level
*	Nesbit, Michael, SFC, USA	NREMT-P	3/10	C	C	05	C	N	C
*	Garet, Brian, MAJ, USA, MC	MD	3/10	C	C	100R	C	N	C
*	Johnston, Rebekka, SSgt, USAF	NREMT-B	3/10	c	c	85	C	Y	C
	Last Entry								

At the end of all lists please make the final entry "last entry"

* Denotes individuals receiving CME credits (place CME column). Only licensed Medical Doctors (MD) and Doctors of Osteopathy (DO) are eligible for CME. Do not asterisk medical students, medical interns, or other licensed/certified healthcare workers.
† Annotate the grade received on the written exam. For individuals who have retested place an "R" next to the score.

TIME \@ "MMMM yy" April 088

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POST COURSE REPORT

GRADE REPORT FOR ACLS INSTRUCTOR COURSE

COURSE DATE: 2/27/08

/Annotate with complete (C), with remediation (R), or unsuccessful (U) under appropriate column.

CME(*)	Name (Last, First, MI) Rank, Branch of Service, Corps	Professional Licensure (MD, DO, CRNA, RN, EMT, etc.)	Pulseless Arrest VF/VT	ACS / Stroke	Megacode	ECC Competency Checklist	Date Monitored by TSF
*	Nesbit, Michael, SFC, USA	NREMT-P	C	C	C	C	3/28/08
*	Garret, Brian, MAJ, USA, MC	MD	C	C	C	C	3/28/08
	Johnston, Rebekka, SSgt, USAF	NREMT-B	c	c	c	c	3/28/08
	LAST ENTRY						

* Denotes individuals receiving CME credits (place in CME Column). Only licensed Medical Doctors (MD) and Doctors of Osteopathy (DO) are eligible for CME. [Do not asterisk medical students, medical interns, or other licensed/certified healthcare workers.](#)

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TIME @ "MMMM yy" April 088

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GRADE REPORT FOR PALS INSTRUCTOR COURSE

COURSE DATE: 3/22/08

Annotate with completed (C), with remediation (R), or unsuccessful (U) under appropriate column.

* Denotes individuals receiving CME credits (place in CME column). Only licensed Medical Doctors (MD) and Doctors of Osteopathy (DO) are eligible for CME. Do not asterisk medical students, medical interns, or other licensed/certified healthcare workers.

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UNIFORMED SERVICES UNIVERSITY *of the Health Sciences*



POST COURSE REPORT

GRADE REPORT FOR ACLS PROVIDER COURSE

COURSE DATE: 3/25/08

(Annotate with completed (C), with remediation (R), Instructor-Potential (IP), or unsuccessful (U) under appropriate column)

At the end of all lists please make the final entry "last entry"

* Denotes individuals receiving CME credits (place CME column) Only licensed Medical Doctors (MD) and Doctors of Osteopathy (DO) are eligible for CME. Do not asterisk medical students, medical interns, or other licensed/certified healthcare workers.

+ Annotate the grade received on the written exam. For individuals who have retested place an "R" next to the score.

GRADE REPORT FOR PEARS PROVIDER COURSE

COURSE DATE: 3/22

(Annotate with completed (C), with remediation (R), Instructor-Potential (IP), or unsuccessful (U) under appropriate column).

At the end of all lists please make the final entry "last entry"

+ Annotate the grade received on the written exam. For individuals who have retested place an "R" next to the score.



Annual Reports/ Re-affiliation Packages

- Due to the MTN by September 30 each year. (Date never changes)
- Incomplete packages will be shredded
- Package will not be accepted if missing any items.
- Courses taught after 30 Sept without receipt of an approved Annual Report will not be issued CME's

Annual Reports/ Re-affiliation Packages cont.

- If you can turn your packages in early please do.
- Please try not to schedule classes after the middle of September in order to meet the deadline.

Annual Reports/ Re-affiliation Packages cont.

- Annual Report (with signatures)
- Re-affiliation
- Agenda
- Program Director CV
- Instructor list
- Projected Course dates for new FY

What makes a complete Package

- Re-affiliation package (3 pages)
- Annual Report (2 pages)
- Copies of agendas for courses being taught (agendas must follow AHA guidelines)
- Updated CV on Program Director

What makes a complete Package cont.

- If you have added/changed any positions send those nomination/appointment forms
- Copies of Financial Disclosure form for all instructors
- Post Course Reports if not already submitted

Re-affiliation Package

MILITARY TRAINING NETWORK AFFILIATION/RE-AFFILIATION REQUEST FORM We plan to conduct the following training: <i>(Please fill out one sheet per program)</i> Include proposed course schedule/outline/agenda for each type of course																																								
1 <input type="checkbox"/> BASIC LIFE SUPPORT <input checked="" type="checkbox"/> ADVANCED CARDIAC LIFE SUPPORT <input type="checkbox"/> PEDIATRIC ADVANCED LIFE SUPPORT <small>DATE: 9/07/08</small>																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Unit Name</td> <td colspan="2">325th Aeromedical Evacuation Squadron</td> <td>Phone: Comm</td> <td>618-257-1518</td> <td>DSN</td> <td>314-1518</td> </tr> <tr> <td colspan="3">Mailing Address for MTN correspondence:</td> <td>Fax: Comm</td> <td>618-257-1946</td> <td>MTN Site Code</td> <td>N/A</td> </tr> <tr> <td colspan="7">Unit /Office: 325th Aeromedical Evacuation Squadron Street Address: 2658 Chappy James Blvd City State Zip: Scott AFB, IL 62225</td> </tr> <tr> <td colspan="7">Commanders Office</td> </tr> <tr> <td colspan="7">Phone: Comm 618-257-6968 DSN 314-6968</td> </tr> </table>						Unit Name	325 th Aeromedical Evacuation Squadron		Phone: Comm	618-257-1518	DSN	314-1518	Mailing Address for MTN correspondence:			Fax: Comm	618-257-1946	MTN Site Code	N/A	Unit /Office: 325 th Aeromedical Evacuation Squadron Street Address: 2658 Chappy James Blvd City State Zip: Scott AFB, IL 62225							Commanders Office							Phone: Comm 618-257-6968 DSN 314-6968						
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<small>** CME IS OFFERED FOR ALL ACLS & PALS COURSES AND MUST BE PRE-APPROVED</small>																																								
5 REQUEST CME THROUGH THE MTN? Check one <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																								
WE HAVE MEDICAL STUDENTS OR INTERNS? Check one <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																								
<small>I CERTIFY THAT ALL EQUIPMENT IAW AHA INSTRUCTOR MANUAL IS AVAILABLE TO CONDUCT TRAINING.</small>																																								
Charles Ziegler, Col, USAF, MC <small>Signature Block Commanding Officer/Unit Commander/Facility Director</small>																																								
May 08 6 <i>Charles Ziegler</i> <small>Signature</small>																																								
<small>144</small>																																								



Re-affiliation Package

Continuation page:

DATE(S) and TYPE(S) of courses (1 October to 30 September):

Types of Courses available: ACLS Provider, ACLS Instructor, ACLS Provider Renewal, PALS Provider, PALS Instructor, PALS Provider Renewal

COURSE TYPE	COURSE DATE(S)
ACLS-P	5/12/08
ACLS-I	6/13/08
ACLS-P	6/15/08

Do not put "last entry" in this block, these will be used by the MTN Program Manager to input courses requested at later dates.



Re-affiliation Package



Annual Report

MILITARY TRAINING NETWORK ACLS/PALS ANNUAL REPORT

****PLEASE DO NOT INCLUDE MORE THAN ONE PROGRAM PER REPORT****

FY 08

325th Aeromedical Evacuation Squadron, Scott AFB, IL

(Name and Location of the Facility)

Program	Number of Providers Trained (Initial Trng)	Number of Providers Re-trained	Total Providers Cards Used / Destroyed Cards	Provider Card Balance
ACLS	83	20	103 / 0	50
PALS	N/A	N/A	N/A	N/A
PEARS	N/A	N/A	N/A	N/A

Program	Number of Instructors Trained	Number of Instructors Re-registered	Total TSF Cards Used / Destroyed	Total Instructor Cards Used / Destroyed Cards	Instructor Card Balance
ACLS	20	3	3 / 0	23 / 0	10
PALS	N/A	N/A	N/A	N/A	N.A

PROJECTED CARD USE FOR FY 08

	Instructor	Provider	TSF	PEARS
ACLS	20	85	2	██████████
PALS	N/A	N/A	N/A	N/A

MTN Appointed Positions:

Program Director Mary Walker _____
 (Signature)

Program Administrator Julie Cunningham _____
 (Signature)

Attachments: List of Courses Completed



Annual Report

MILITARY TRAINING NETWORK

LIST OF COURSES COMPLETED FY 07

FACILITY	325 TH AES	REGION/COMMAND	N/A
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DATE OF COURSE	NUMBER OF PROVIDERS TRAINED	NUMBER OF PROVIDERS RE-TRAINED	NUMBER OF INSTRUCTORS TRAINED	NUMBER OF INSTRUCTORS RE-REGISTERED	PCR SENT TO MTN (If no, please attach)
3/08/07	6	3	0	0	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

List all courses taught in previous FY. If PCRs have not been submitted, please do so with the report

					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No



Financial Disclosure Form

Uniformed Services University of the Health Sciences (USUHS)
Continuing Education Activity

DISCLOSURE FORM

As an accredited continuing education provider, the Uniformed Services University of the Health Sciences must ensure balance, independence, objectivity, and scientific rigor in all its directly or jointly sponsored educational activities. Individuals associated with an accredited activity are to disclose to the activity audience any significant financial interest or other relationship with (1) the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in an educational presentation and (2) any commercial supporters of the activity. Relevant financial relationships include those occurring within the past 12 months that create a conflict of interest, e.g., grants or research support, employee status, consultant, major stockholder, member of speaker's bureau, etc. This disclosure provides listeners with information to determine whether the interests or relationships influence the presentation.

TITLE OF CE ACTIVITY: <i>Check one of the following statements:</i>	DATE:						
<input type="checkbox"/> I, the undersigned (and immediate family members), have no relationships to disclose. <input type="checkbox"/> I, the undersigned (and immediate family members), have a financial arrangement or affiliation with a commercial interest offering financial support or grant monies for, or related to, this activity; <u>and/or</u> <input type="checkbox"/> I, the undersigned (and immediate family members), have a financial relationship with a manufacturer of a product discussed in my presentation at this continuing education program as follows:							
<table border="0" style="width: 100%;"> <thead> <tr> <th style="width: 50%; text-align: left;"><i>Nature of Affiliation / Financial Interest</i></th> <th style="width: 50%; text-align: left;"><i>Name of Commercial Interest</i></th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Do not disclose the actual financial value of any affiliation.</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Grants/Research Support <input type="checkbox"/> Consultant <input type="checkbox"/> Stock Shareholder (directly purchased) <input type="checkbox"/> Honorarium Recipient <input type="checkbox"/> Other Financial or Material Support </td> </tr> </tbody> </table>		<i>Nature of Affiliation / Financial Interest</i>	<i>Name of Commercial Interest</i>	Do not disclose the actual financial value of any affiliation.		<input type="checkbox"/> Grants/Research Support <input type="checkbox"/> Consultant <input type="checkbox"/> Stock Shareholder (directly purchased) <input type="checkbox"/> Honorarium Recipient <input type="checkbox"/> Other Financial or Material Support	
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<i>Is there a discussion of unlabeled uses:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, you must disclose this information during your presentation. How will you do this?</i> <input type="checkbox"/> Verbal statement during the presentation <input type="checkbox"/> Information provided on handout <input type="checkbox"/> Information provided in audiovisuals (slides, overhead, PowerPoint, etc.) <input type="checkbox"/> Other. Describe other:							
I agree to the Commercial Support Terms and Conditions listed on the back of this form.							
Print Your Name: _____							
Your Role in This Activity: _____ <input type="checkbox"/> Planner _____ <input type="checkbox"/> Faculty _____ <input type="checkbox"/> Content Specialist							
Signature _____	Date _____						



CME

- To receive CME you must...
 - Have Financial Disclosure Forms on **ALL** Instructors
 - Have an approved agenda
 - Have a complete and correct PCR turned in **with in 30 days** from end of course
 - **NO APPROVED AGENDA NO CME !**

PD Nomination

- Items that are required when submitting a PD nomination...
 - PD nomination form
 - TSF nomination form (if not a TSF already)
 - Curriculum vitae
 - Copy of Instructor card/ TSF card
 - Waiver letter if they don't meet all the criteria signed by unit commander or equivalent

Program Director Nomination

MILITARY TRAINING NETWORK PROGRAM DIRECTOR (PD) NOMINATION FORM

ACLS PALS BLS

Instructions: To be completed and sent to the Military Training Network with appropriate signatures. The MTN Director approves nominations. The Program Director and Program Administrator can not be the same individual due to the requirement for separation of duties. Please refer to your MTN Handbook for more information.(Submit one nomination package for each discipline).

Name (with rank and/or title): **Mary Walker, MD., Col, USAF**

Complete Unit Name and **325TH AEROMEDICAL EVACUATION SQUADRON**

Mailing Address: **2658 CHAPPY JAMES BLVD**

(No P.O Boxes) **SCOTT AFB, IL 62225**

Work Phone: Comm 618-257-1518 DSN 304-1518 Fax: 618-257-1946

Command Duty Phone: Comm 618-257-6968 DSN 314-6968

Work and/or home e-mail: **MARY.WALKER@US.AF.MIL**

Expiration date of current Training Site Faculty card: **03/09**

List the last 8 courses taught to include dates? **03/01/08, 02/08/08, 11/22/07, 10/29/07, 09/24/07, 04/11/07,
01/19/07, 12/08/26**

List date taught or assisted teaching an Instructor or Instructor Renewal course: **01/08/08**

MTN Program Director Commitment: As an MTN Program Director, I agree to uphold the program guidelines set forth by the Military Training Network and the American Heart Association. I will maintain my instructor and Training Site Faculty commitments including teaching provider/instructor courses and monitoring instructors. I also agree to strengthen the Chain of Survival and the mission of the MTN and American Heart Association within my community. Attached is my Training Site Faculty Card (front and back) and Curriculum Vitae (CV). I assume responsibility for all controlled items associated with this program.

Completed Core Instructor's Course 07/31/08

Mary Walker

Signature of Program Director Candidate

03/15/08

Date

Concur:		
I concur and recommend this appointment.		
<u>Charles Ziegler</u>	03/15/08	Date
Signature of Commander/Commanding Officer		
<u>CHARLES ZIEGLER, Col, USAF</u>		
Printed Name of Commander/Commanding Officer		



TSF Appointment Form

- For TSF Nomination submit the TSF Nomination form when you have new appointments
- Qualified TSFs approved by the PD are automatically approved by the MTN
- Submit a copy of the TSF card when you submit the appointment form

TSF Nomination

MILITARY TRAINING NETWORK TRAINING SITE FACULTY (TSF) NOMINATION FORM

ACLS PALS BLS

New Nomination

Re-Nomination

Is this person the Program Director? Yes No

Instructions: To be completed and then approved by the Program Director. Training Site Faculty status must be renewed every two years. Send or fax a copy of this form to the MTN Program Manager; retain a copy in the instructor file along with a copy of the TSF Card (both front and back) and CV.

Name (with rank and/or title): **SMITH, JOSEPH A, Col, MD**
Complete Unit Name and **325th AEROMEDICAL EVACUATION SQUADRON**

Mailing Address: **2658 CHAPPY JAMES BLVD**
(No P.O. Boxes) **SCOTT AFB, IL 62225**

Work Phone: Comm 618-257-1518 DSN 304-1518 Fax: 618-257-1946

Command Duty Phone: Comm 618-257-6968 DSN 314-6968

Work and/or home e-mail: **JOSEPH.SMITH@US.AF.MIL**

How long has the candidate been an Instructor? **3 YEARS**

Expiration date of current instructor card: **03/10**

List the last 8 courses taught to include dates: **03/01/08, 02/08/08, 11/22/07, 10/29/07, 09/24/07,
04/11/07, 01/19/07, 12/08/06**

List date taught or assisted teaching an Instructor or Instructor Renewal Course: **02/08/08**

MTN Training Site Faculty Commitment: As an MTN Training Site Faculty, I agree to conduct and follow the regulations set forth by the Military Training Network and the American Heart Association. I agree to maintain my instructor commitments in addition to fulfilling the responsibilities of a Training Site Faculty. I also agree to strengthen the Chain of Survival and the mission of the MTN and the American Heart Association within my community.

Joseph Smith _____ **03/19/08**
Signature of Training Site Faculty Candidate Date

Verification of Training Site Faculty Potential: (All required)

- Has been identified as having Training Site Faculty potential during performance as an Instructor
- Has demonstrated Training Site Faculty potential during a screening evaluation
- Has demonstrated exemplary performance of Provider skills
- Has had at least two-years experience as an Instructor or has taught at least eight courses
- Has served as a lead instructor or course director in at least one MTN course in respective discipline
- Re-Nomination: has taught at least one instructor and four provider courses over the past two years.
- Completed Core Instructor's Course **12/07/07**

Mary Walker _____
Signature of Program Director
Mary Walker, MD, Col, USAF
Name / Title



PA Nomination

- For PA nomination send in the PA nomination form.
- Please send this in as soon as you know that there will be a change in the position
- **PA Orientation required**

Making the job as PA easier

- **Card Count**
 - This is not required but will make your job easier when trying to account for cards at Annual report/Re-affiliation time.
- **MTN Handbook Familiarization.**

Program Administrator

Administrator

MILITARY TRAINING NETWORK PROGRAM ADMINISTRATOR (PA) APPOINTMENT FORM

ACLS PALS BLS

Instructions: To be completed then approved by the Program Director. Send a copy of the approved form to the MTN. The Program Director and Program Administrator cannot be the same individual due to the requirement for separation of duties. Please refer to your MTN Handbook for more information. (Use separate forms for each discipline)

Name (with rank and/or title): JULIE CUNNINGHAM, SSgt, USAF

Complete Unit Name and **325TM AEROMEDICAL EVACUATION SQUADRON**

Mailing Address: **2658 CHAPPY JAMES BLVD**

(No P.O. Boxes) **SCOTT AFB, IL 62225**

Work Phone: Comm 618-257-1518 DSN 304-1518 Fax: 618-257-1946

Command Duty Phone: Comm 618-257-6968 DSN 314-6968

Work and/or home e-mail: julie.cunningham@us.af.mil

MTN Program Administrator Commitment: As an MTN Program Administrator, I agree to conduct and follow the regulations set forth by the Military Training Network and the American Heart Association. I will read the Military Training Network's Administrative Handbook, and use it as the primary guide for my Program.

Program Administrator Orientation Conducted on 3/21/08

Julie Cunningham

Signature of Program Administrator Candidate

3/22/08

Date

Concur:

I concur and finalize this appointment.

Mary Walker

Signature of Program Director

3/22/08

Date

Mary Walker, MD, Col, USAF

Printed Name of Program Director

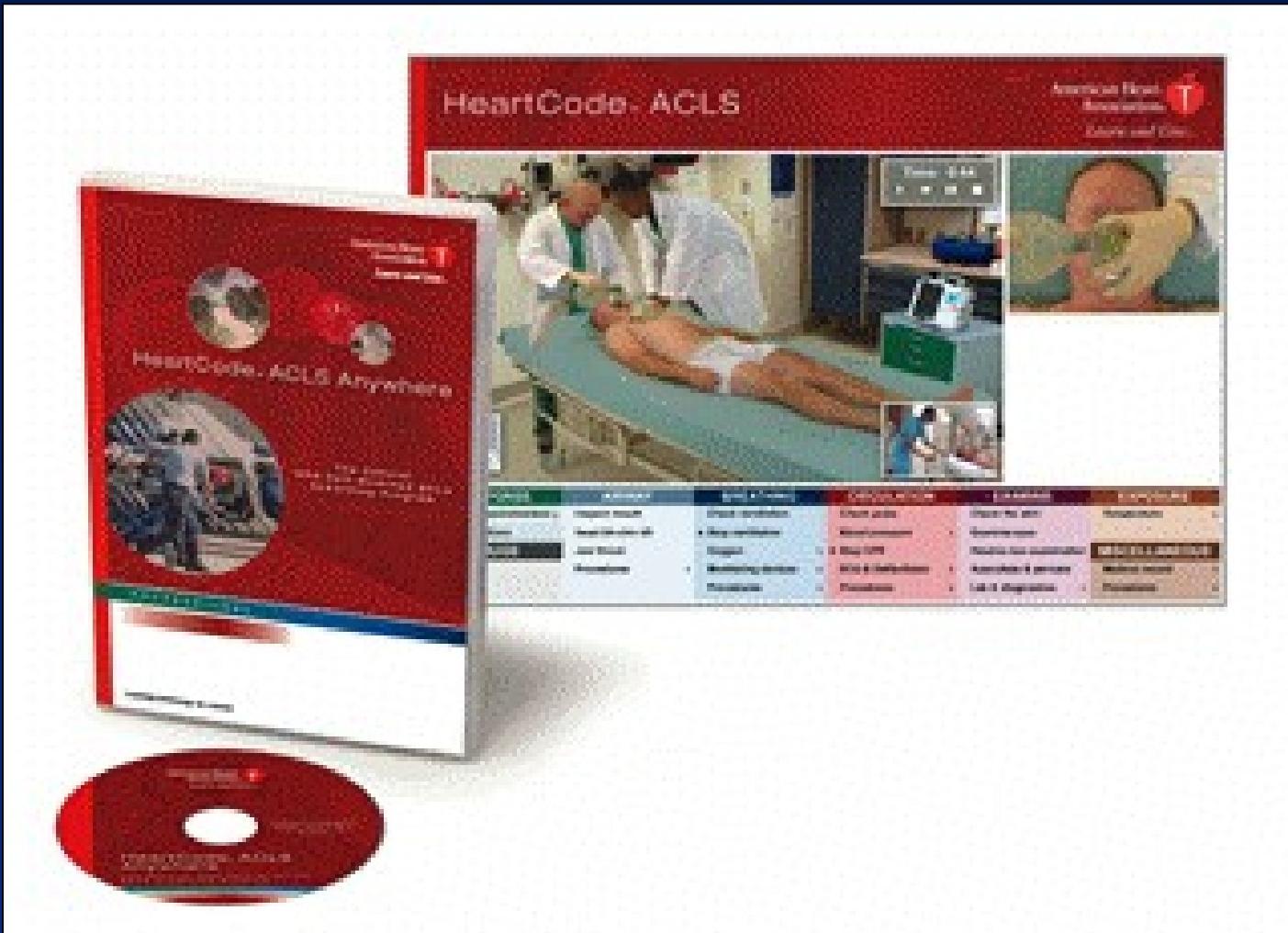


Instructor Folders

- Chapter 2 page 21 explains how to organize your folders to keep them uniform.
 - Left Side of record
 - Teaching Log
 - CV for TSFs and PDs
 - Financial Disclosure
 - Additional Certificates, Licensures, Training

Instructor Folders cont.

- Right Side of record in order from top to bottom...
 - TSF/ PD Appointment forms
 - Instructor renewal checklist
 - Instructor monitoring forms
 - Instructor candidate form
 - Copy of signed wallet card (front and back)
 - Certificates of in-service training directly related to ACLS/PALS



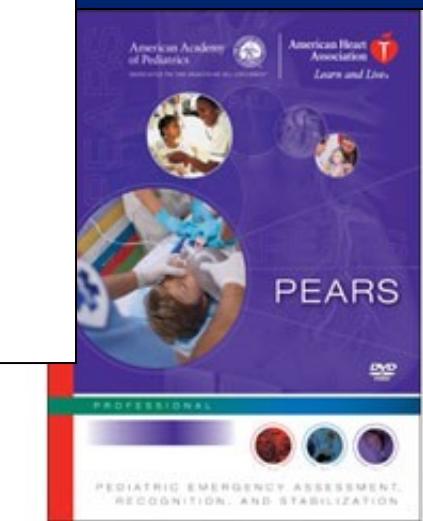
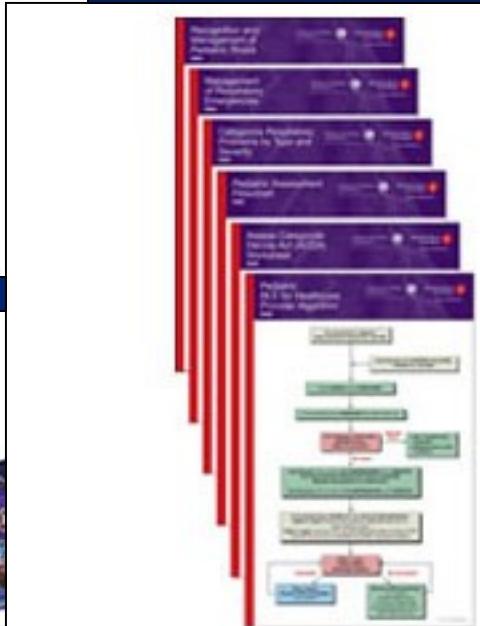
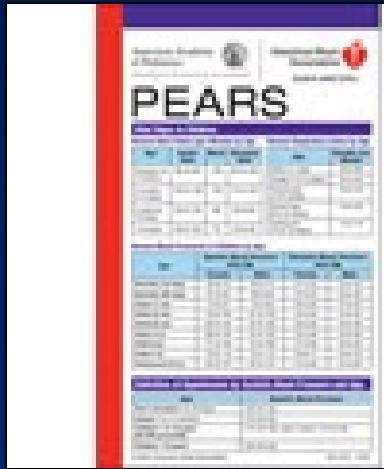
ACLS Online Training

- Right now there is only one online training approved source for ACLS
- HeartCode ACLS Anywhere
- Must be current in both ACLS and BLS
- Must complete Skill check within 30 days of completion of online didactic and printing certificate

ACLS Online Training

- Two ways to do CPR for this...
 - 1. Have student do skills during a scheduled ACLS class and add them to the PCR and place “OL” in the written test column
 - 2. Have a stand alone PCR for this training and submit it at the end of each month.
 - Must submit copy of Certificate with the PCR

*This can be found in Chapter 2 page 27 of handbook



PEARS Program

- Pediatric Emergency Assessment, Recognition and Stabilization
- Video Based- Instructor-Led
- Students receive PEARS card
- Intended for Providers, Nurses, and Technicians not in direct contact with Peds pt's.

PEARS Program

- Affiliation accomplished through PALS Program
- Order the PEARS Student/ Instructor manuals
- Submit affiliation request (same as PALS)
- Complete PCR
- CEU credits to be discussed

CONCLUSION

